

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 117-351

C# M#

GOLDSPIK et al.

Group Art Unit: 1647

Serial No. 09/852,261

Examiner: Nichols, Christopher J.

Filed: May 10, 2001

Date: May 20, 2003

Title: REPAIR OF NERVE DAMAGE



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.**Fees are attached as calculated below:**

Total effective claims after amendment	43	minus highest number			
previously paid for	20	(at least 20) =	23	x \$ 18.00	\$ 414.00

Independent claims after amendment	3	minus highest number			
previously paid for	3	(at least 3) =	0	x \$ 84.00	\$ 0.00

If proper multiple dependent claims now added for first time, add \$280.00 (ignore improper)	\$ 0.00
--	---------

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$410.00/2 months; \$930.00/3 months)	\$ 930.00
--	-----------

Terminal disclaimer enclosed, add \$ 110.00	\$ 0.00
---	---------

<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$750.00)	\$ 0.00
<input type="checkbox"/> Please enter the previously unentered , filed	
<input type="checkbox"/> Submission attached	

Subtotal	\$ 1344.00
-----------------	------------

If "small entity," then enter half (1/2) of subtotal and subtract	-\$ 0.00
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith	

Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	\$ 180.00
--	-----------

Assignment Recording Fee (\$40.00)	\$ 0.00
------------------------------------	---------

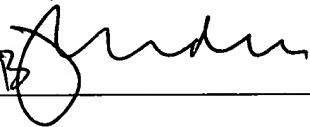
Other: Amendment; Information Disclosure Statement; PTO-1449 Form; Copy of Two References; Three-Month Extension Fee; Multiple Claim Fee; Information Disclosure Statement Fee	0.00
--	------

TOTAL FEE ENCLOSED	\$ 1524.00
---------------------------	------------

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

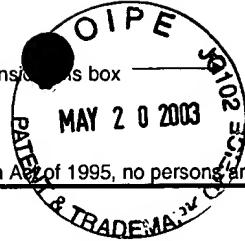
1100 North Glebe Road, 8th Floor
Arlington, Virginia 22201-4714
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
BJS:plb

NIXON & VANDERHYE P.C.
By Atty: B. J. Sadoff, Reg. No. 36,663

Signature: 

Please type a plus sign (+) inside this box

+



PTO/SB/121 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAY 23 2003

TECH CENTER 1600/2900

Direct all correspondence to:

**Customer Number:****23117**Place Customer
Number Bar
Label Here →**OR**

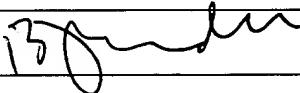
Type Customer Number here



Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/852,261		May 10, 2001

Typed or Printed Name	B. J. Sadoff	(check one)
Signature		<input type="checkbox"/> Applicant or Patentee
Date	May 20, 2003	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22202	<input checked="" type="checkbox"/> Attorney or Agent of record
		36,663 (Reg. No.)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

 *Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.